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VIRGINIA HIGH SCHOOL LEAGUE, INC. 1642 State Farm Blvd., Charlottesville, Va. 22911



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Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form is re	quired for each school y	year May 1 of the current year t	hrough June 30 a	f the succeeding year.	
For School Year		HLETIC PARTICIPATIO)N	Male	
PRINT CLEARLY	(To be fill	led in and signed by the student)		Female	
Name		Student ID #			
(Last)	(First)	(Middle Initial)			
Home Address					
City/Zip Code					
Home Address of Parents					
City/Zip Code					
Date of Birth					
This is my semester in					
semester l'attended					
this semester. I have read the conder		lity rules of the Virginia High Schoo	I League that appear be	low and believe I am eligible to	
represent my present high school in at		VIDUAL ELIGIBILITY RULI			
 must be enrolled in the last for must have enrolled not later t for the first semester must be be used for graduation and h immediately preceding year of your principal for equivaler previously awarded. for the second semester must may be used for graduation graduation the immediately p must sit out all VHSL comp 	our years of high sch han the fifteenth day currently enrolled it ave passed five subject the immediately part requirements). If the currently enrolled and have passed in treeding semester.	in not fewer than five subjects, or ects, or their equivalent, offered for preceding semester for schools the May not repeat courses for e ed in not fewer than five subjects five subjects, or their equivalent (Check with your principal for eq secutive calendar days following	their equivalent, offer or credit and which man certify credits on a eligibility purposes s, or their equivalent, t, offered for credit a uivalent requirements	ared for credit and which may hay be used for graduation the semester basis. (Check with for which credit has been offered for credit and which and which may be used for s.)	
with a family move. (Check with your principal for exceptions.) must not have reached your nineteenth birthday on or before the first day of August of the current school year. must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more					
 than eight consecutive semesters. must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation. must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.) 					
Eligibility to participate in intersor also all other standards set by you the effect an activity might have League rules. Meeting the interpenalized. Additionally, I give to program, publication or video. LOCAL SCHOOL DIVISIONS AND	ar League, district an on your eligibility, ent and spirit of Le my consent and app	nd school. If you have any quest check with your principal for eague standards will prevent you roval for my picture and name to	ion regarding your elt interpretations and i, your team, school o be printed in any h	exceptions provided under and community from being high school or VHSL athletic	
Student Signature:		Date:			

Providing false information will result in ineligibility for one year.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

PART II MEDICAL HISTORY- Explain "Yes" answers below						
This form must be completed and signed, prior to the physical examination, for review by examining practitioner.						
Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.						
GENERAL MEDICAL HISTORY	Yes	No	MEDICAL QUESTIONS (cont)	Yes	No	
Has a doctor ever denied or restricted your participation in sports for any reason?			29. Do you have groin pain or a painful bulge or hemia in the groin area?			
2. Do you currently have an ongoing medical condition? If so,	 		into grown to det		_	
Please identify: Asthma Anemia Diabetes Infections Other:			30. Have you had mononucleosis (mono) within the last month?			
3. Have you ever spent the night in the hospital?			31. Do you have any rashes, pressure sores, or other skin problems?			
4. Have you ever had surgery?			32. Have you ever had a herpes or MRSA skin infection?	\Box		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	33. Are you currently taking any medication on daily basis?	□*		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			34. Have you ever had a head injury or concussion? If so, date of last injury:			
Have you ever had discomfort, pain, or pressure in your chest during exercise?			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
7. Does your heart race or skip beats during exercise?			36. Do you have headaches with exercise?			
8. Has a doctor ever told you that you have (check all that apply): High Blood Pressure			Have you ever been unable to move your arms or legs after being hit or falling?			
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)			38. When exercising in heat, do you have severe muscle cramps or become ill?			
10. Do you get lightheaded or feel more short of breath than expected during exercise?			39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?			
11. Have you ever had an unexplained seizure?			40. Have you had any other blood disorders?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	41. Have you had any problems with your eyes or vision?			
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning,			42. Do you wear glasses or contact lenses?			
unexplained car accident, or sudden infant death syndrome)? 13. Does anyone in your family have a heart problem?			43. Do you wear protective eyewear, such as goggles or a face shield?			
14. Does anyone in your family have a pacemaker or implanted defibrillator?			44. Do you worry about your weight?			
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long O-T?			45. Are you trying to or has any professional recommended that you try to gain or lose weight?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			46. Do you limit or carefully control what you eat?			
BONE AND JOINT QUESTIONS	Yes	No	47. Do you have any concerns that you would like to discuss with a doctor?			
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?			48. What is the date of your last Tdap or Td(tetanus) immunization (circle type) Date:	tion?	, 	
18. Have you had any broken or fractured bones or dislocated joints?	-0-	-	49.Do you have an allergy to medicine, food or stinging insects?			
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?			FEMALES ONLY 50. Have you ever had a menstrual period?			
Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?			51. Age when you had your first menstrual period?			
21. Have you ever had a stress fracture of a bone?			52. How many periods have you had in the last 12 months?			
22. Do you regularly use a brace or assistive device?			EXPLAIN "YES" ANSWERS BELOW:			
23. Do you currently have a bone, muscle, or joint injury that						
bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red?			#			
25. Do you have a history of juvenile arthritis or connective tissue disease?			#			
MEDICAL QUESTIONS	Yes	No				
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		ū	#»			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer) *List medications and nutritional supplements you are currently taking here:						
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?	28. Were you born without or are you missing a kidney, an eye, a					
	1					

Parent/Guardian Signature:	Date:	Athlete's Signature:	



PART III - PHYSICAL EXAMINATION

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(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30th of the current school year)**

NAME		Date of Birth	School			
Height	Weight	☐ Ma		Corrected Yes No		
BP /	Resting Pulse	Vision R 20/	L 20/	Corrected [1 res [1] No		
		4.1	BNORMAL FINDING	Ce		
MEDICAL	NORMAL	Al	SNOKWIAL PRODUC	35		
Appearance	<u></u>					
Eyes/ears/nose/throat	 		<u> </u>			
Lymph nodes						
Heart						
Pulses						
Lungs Abdomen	 	-				
Genitourinary (males only)						
Skin						
SKIII				-		
Neurologic	1					
MUSCULOSKELETAL	NORMAL	A	BNORMAL FINDIN	GS		
Neck						
Back						
Shoulder/arm						
Elbow/forearm						
Wrist/hand/fingers						
Hip/thigh						
Knee						
Leg/ankle						
Foot/toes						
Functional	G 7 1 C/ 00/ 1	1. Professor implymention	a or rocommendat	ions here)		
Medical Practitioner to	School Statt (plea	se indicate any instruction	15 Of Tecommendate	10.10 20.19,		
Emergency medications requir	ed on-site Inhale	r 🗌 Epinephrine 🔲 Glucagon 🔲	Other:			
Comments:						
			u	or for his/has participation in athletics		
I have reviewed the data above	, reviewed his/her med	ical history form and make the to	llowing recommendation	s for his/her participation in athletics.		
☐ CLEARED WIT						
☐ CLEARED WIT	H FOLLOWING N	OTATION:				
Cleared AFTER of	locumented further e	valuation or treatment for:				
Cleared for Limit	ed participation (ch	eck and explain "reason" for a	ll that apply): "Limited	Until Date" when appropriate		
				Until Date:		
☐ Not clear	ed for (specific sport	s)				
Resconts) .					
□ NOT CLEARED FOR PARTICIPATION Reason						
By this signature, I	attest that I have examined th	re above student and completed this pre-pa	rticipation physical including a	a review of Part II – Medical History.		
Examiner's Name and degre	e (print):		Phone Number			
Address'		City	State Zip			
Only signatures o	f Doctor of Medicine,	Doctor of Osteopathic Medicine	, Nurse Practitioner or	Physician's Assistant licensed to		

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PART IV - ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(To be completed and signed by parent/guardian)

I give permission for	(na	ime of child/ward) to participate in an	of the following about that		
are not crossed out: baseball, basketball, cheerlea	ding, cross country	y, field hockey, fo	ootball, golf, gymnasi	ics, lacrosse, soccer, sondan,		
swimming/diving, tennis, track, volleyball, wrestlin	ig, other (identify s	sports).				
I have reviewed the individual eligibility the child/ward. I understand that the degree of danger	er and the serious	ness of the risk v	aries significantly tro	om one sport to another with		
contact enorte curraing the higher risk. I have ha	id an opportunity	to understand the	risk inherent in spo	rts through meetings, written		
andouts, or some other means. He/she has student medical/accident insurance available through the school (yes no); has amend						
participation insurance coverage through the school	l (yes no); is i	nsured by our fair	mly policy with:			
CAR II II						
Name of Medical Insurance Company: Policy Number:	Nam	e of Policy Holder		Variable to the second		
and the second of the second o		•				
I am aware that participating in sports wil and with the travel involved and with this knowle	l involve travel wit dge in mind, grant	th the team. I ack t permission for n	nowledge and accept ny child/ward to part	the risks inherent in the sport icipate in the sport and travel		
with the team. By this signature, I horeby consent to allo	u the physician(s)	and other health o	care provider(s) select	red by myself or the school to		
perform a pre-participation examination on my chi athletics/activities for his/her school during the sol care provider(s) to share appropriate information	ild and to provide hool year covered concerning my cl	treatment for any by this form. I fi hild that is releva	injury or condition rurther consent to allo int to participation in	w said physician(s) or health athletics and activities with		
Additionally I give my consent and appro	val for the above r	iamed student's pi	cture and name to be	printed in any fight school of		
VHSL athletic program, publication or video.	1 141. 1	- shared TOABATS	For your shild place	se contact Cover Virginia by		
To access quality, low-cost comprehensi going to www.coverva.org or calling 855.242,828	ve health insuranc	e inrough ramis	s for your clines, pied	Se comact cover virginia sy		
Dia D/P \$7	- EMERGENCY	V DEDMISSIO	NEODM			
PART V	- ENLERGEINC : be completed and sig	med by parent/unarc	iv rokuz lian)			
STUDENT'S NAME		GRADE	AGE	DOB		
		Citiv				
HIGH SCHOOL Please list any significant health problems that might be signif	icant to a physician ev	Shating your child in	case of an emergency			
Pieuse list any signmeant ficatin problems that thight oc. signment	ioun io a prijoreian en					
				<u></u>		
Please list any allergies to medications, etc.	de la					
• •						
Is the student currently prescribed an inhaler of	r Eni-Pen?	List the emerg	ency medication:			
The state of the s	m? If	en what type?				
Is student presently taking any other medication. Does student wear contact lenses?	D	ate of last Tdap	or Td (tetanus) shot			
EMERGENCY AUTHORIZATION: In the selected by the coaches and staff of for and to order injection and/or anesthesia and/or selected by the coaches and staff of for an extremely considered and the coaches are coaches and the coaches and the coaches are coaches are coaches and the coaches are coaches are coaches and the coaches are coaches and the coaches are coaches are coaches and the coaches are coaches are coaches are coaches are coaches are coaches are coaches and the coaches are coaches ar	e event I cannot b	e reached in an e	mergency, I hereby p High School to hospi	give permission to physicians falize, secure proper treatment		
for and to order injection and/or anesthesia and/or s	surgery for the pers	son named above.				
Daytime phone number (where to reach you in emo	argency)					
Evening time phone number (where to reach you in	n emergency)			The second secon		
Celi phone						
⇔►Signature of parent or guardian		•		Date		
Relationship to student*Emergency Permission Form may be reproduced	d to travel with res	pective teams and	l is acceptable for en	nergency treatment if needed.		
I certify all the above information is co						
Certify an the above information is co-	Par	ent/Guardian	Signature	4.		